

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Boyde Jerome Harrison, MD
525 Layne Hill
Haleyville, AL 35565-7048



9590 9402 2170 6193 0254 00

2. Article Number (Transfer from service label)

7016 1970 0000 9008 7803

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Jane C. Gilbert

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

Jane Gilbert

C. Date of Delivery

- ☐ Yes
- ☐ No

D. Is delivery address different from item 1? If YES, enter delivery address below:

2:18a719d

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt